



Isle of Wight NHS Trust

Workplace Race Equality Standard Report

April 2016 to March 2017



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1. Purpose

This report summarises some of the progress being made by the Trust towards improving the treatment and experience of their BME* staff.

The Trust Board is invited to comment on the progress being made and to consider opportunities to further this agenda at pace across the Trust.

2. Background

The Workforce Race Equality Standard (WRES) was mandated across NHS England in April 2015. It is not however mandated as yet in Wales, Scotland and Northern Ireland, and as such, this report contains details of progress and actions being taken by English Ambulance Services only. Healthcare providers are required to self-assess and report their position on an annual basis.

The WRES requires NHS trusts to self assess against nine indicators. Four of the indicators relate specifically to workforce data, four are based on data from the national staff survey and one considers BME representation on Boards. The purpose of the WRES is to offer local NHS organisations the tools and information to understand their workforce race equality performance and to highlight any differences between the experience and treatment of white staff with those of BME staff among the workforce.

WRES aims to compare the experience of BME and white staff with the objective of closing the gaps highlighted by those metrics.

** BME is defined for the purposes of WRES as: "White" staff include White British, Irish and Any other White categories. "BME" staff category includes all others except unknown and not stated"*

The WRES will be assessed by the CQC under the 'Well Led' domain.

All the available evidence shows that BME staffs have a far inferior experience of the NHS as employees when compared to white staff. In the context of the standard White staff comprises White British, White Irish and White Other, whereas BME staff comprise all other categories with the exception of "not stated".

At March 2017, a total of 3,592 staff is employed by the Isle of Wight NHS Trust. Of these, 268 (13.8%) were BME and 3231 (86.2%) were white. There were no BME managers in Agenda for Change Band 8-9 or on Very Senior Managers pay scale.

Total Workforce	Headcount	%
BME	268	7.47%
White British	3093	86.2%
Unspecified	226	6.6%
Total Workforce	3587	100%

The main staff groups where BME staff work are nursing (122), which is a reflection of our recruitment campaigns to the Philippines in recent years, and Medical and Dental trainees (29).

Table 1. Workplace Race Equality Standard Indicators

Workforce metrics	
For each of these three workforce indicators, the Standard compares the metrics for white and BME staff.	
1.	Percentage of BME staff in Bands 8-9 and VSM compared with the percentage of BME staff in the overall workforce
2.	Relative likelihood of BME staff being recruited from shortlisting compared to that of white staff being recruited from shortlisting across all posts
3.	Relative likelihood of BME staff entering the formal disciplinary process, compared to that of white staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation <i>Note. This indicator will be based on data from a two year rolling average of the current year and the previous year.</i>
4	Relative likelihood of BME staff accessing non mandatory training and CPD as compared to White staff
National NHS Staff Survey findings.	
For each of these five staff survey indicators, the Standard compares the metrics for each survey question response for white and BME staff. For 4. below, the metric is in two parts	
5.	KF 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6.	KF 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7.	KF 27. Percentage believing that trust provides equal opportunities for career progression or promotion
8.	Q23. In the last 12 months have you personally experienced discrimination at work from any of the following? <ul style="list-style-type: none"> • Manager/team leader or other colleagues •
Boards.	
Does the Board meet the requirement on Board membership in 9.	
9.	Boards are expected to be broadly representative of the population they serve.

The data presented below refers to the following time periods

Indicator 1	31st March 2017
Indicator 2	1 st April 2016 to 31 st March 2017
Indicator 3	1 st April 2015 to 31 st March 2017
Indicator 4	1 st April 2016 to 31 st March 2017
Indicators 5 to 8	2016 Staff Survey Results
Indicator 9	31 st March 2017

Indicator 1

Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and clinical staff.

Table 2 shows as of March 2017, 1.45% of non-clinical staff and 4.82% of clinical staff reported to come from BME backgrounds. Non-clinical staff, BME staff were clearly under-represented at all levels. For clinical staff, BME staff were clearly over-represented at Band 5 and not well represented at levels above Band 7. Among medical staff, there was a clear representation of BME staff at the non-consultant career grades.

Table 2. Ethnicity by Pay Band and Group

	Non-Clinical					Clinical				
	White	BME	Total	White %	BME %	White	BME	Total	White %	BME%
Band 1	102	12	114	2.90	0.33	1	0	1	0.03	0
Band 2	179	2	181	5.16	0.06	487	32	519	13.57	0.89
Band 3	199	2	201	5.54	0.06	213	6	219	5.93	0.17
Band 4	165	4	169	4.60	0.11	108	2	110	3.01	0.06
Band 5	69	1	70	1.92	0.03	425	110	535	11.84	3.06
Band 6	59	0	59	1.64	0	496	16	512	13.74	0.45
Band 7	40	0	40	1.11	0	207	8	215	5.77	0.22
Band 8a	24	0	24	0.67	0	61	0	61	1.70	0
Band 8b	12	0	12	0.33	0	17	0	17	0.47	0
Band 8c	6	0	6	0.17	0	9	0	9	0.25	0
Band 8d	10	1	11	0.28	0.03	2	0	2	0.06	0
Band 9	1	0	1	0.03	0	0	0	0	0	0
VSM	7	0	7	0.19	0	1	0	1	0.03	0
Consultants	0	0	0	0	0	77	14	91	2.15	0.39
Non-consultants	0	0	0	0	0	50	23	73	1.4	0.64
Trainees	0	0	0	0	0	56	35	91	1.56	0.98
Total										

Data Source: Electronic Staff Record -Headcount

Note; data excludes Non-Executive Directors and staff on local payscales

Indicator 2

Relative likelihood of BME staff being appointed from shortlisting compared to that of white staff being appointed from shortlisting across all posts

Ethnicity	Applied	Shortlisted	Appointed
White	1837	715	29
BME	214	72	0
Not stated	36	23	1
Total	2087	810	30

The relative likelihood of white staff being appointed from shortlisting compared to BME staff is **2.92 times greater**.

Indicator 3

Relative likelihood of staff entering formal disciplinary process, as measured by entry to formal disciplinary investigation

Note; this indicator is based on data from a two year rolling average of the current and the previous year.

Ethnic Group	Number	Number in Workforce
BME	0	268
White British	11	3381

The relative likelihood of BME staff entering the formal disciplinary process compared with white staff between April 2015 and March 2017 was **0.00**. In 2016 it was 0.48.

Indicator 4

Relative likelihood of BME staff accessing non-mandatory training and CPD

Total Workforce	Headcount	Number of staff accessing non mandatory training and CPD
BME	313	153 (48%)
White British	2384	1368 (57%)

The data supplied for 2016-2017 related to applications for education funding submitted by allied health professionals and nursing and midwifery staff.

Relative likelihood of white staff applying for funding compared to BME staff is **1.17 times greater**.

National Staff Survey

1361 staff (46%) staff at Isle of Wight NHS Trust NHS Trust took part in the 2016 survey across all services; Ambulance and Acute, Mental Health and Ambulance Service.

Table 3. Breakdown of Respondents by Ethnic Group

Sector	% of White Respondents	% of BME Respondents
Ambulance Service	96%	4%
Acute and Community	88%	11%
Mental Health	88%	11%

For each of these five staff survey indicators, the Standard compares the metrics for each survey question response for white and BME staff.

For the purpose of this report, the results from the Staff Survey for the Acute Trust, Mental Health and the Ambulance Service have been combined.

Indicator 5

What percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months?

Incidences - White Employees	Incidences - BME employees
34%	26%

Of those white employee's 24 (5%) have experienced being harassed, bullied or abused more than 10 occasions.

Indicator 6

What percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.

Incidence - White Employees	Incidences - BME employees
30%	33%

In 2015 44% of BME staff experienced bullying, harassment or abuse from a colleague.

Indicator 7

What percentage of staff believes the trust provides equal opportunities for career progression or promotion?

White Employees	BME employees
86%	66%

Indicator 8

In the last 12 months have you personally experienced discrimination at work from any of a colleague or manager/team leader?

White Employees	BME employees
7%	14%

Both groups of staff report less incidence of discrimination for a colleague or manager during the past 12 months.

Indicator 9

Percentage difference between the organisation's Board voting membership and its overall workforce.

Note: only voting members of the Board should be included in this indicator

As at 31st March 2017, the Trust Board membership did not include any one from a BME Background.

Breakdow of Board Members;

7 Executive Directors with 5 voting members

6 Non-Executive Directors with voting membership

3. WRES Review of 2016 Action Plan

	WRES Indicator	Data for reporting year (2017)	Data for previous year (2016)	Narrative – the implications of the data and any background explanatory narrative	Action Planned
1	Percentage of BME staff in Bands 8-9 and VSM compared with the percentage of BME staff in the overall workforce.	Details in table 1 page	Details in appendix 1	<p>The staff make up of the Trust is greater than the local population (94%).</p> <p>BME representation in all roles above band 7 is under-presented.</p> <p>BME representation at band 5 clinical roles is over-represented as a consequence of a number of recruitment campaigns to the Phillipines</p> <p>Among medical staff, there is a clear over-representation of BME staff at the non-consultant career grades.</p> <p>Low turnover rates means that ESR contains historic staff carried forward from legacy system which is why we have high 'do not wish to disclose' rates.</p>	<p>By celebrating diversity within the trust BME staff are likely to feel more valued and improve trust in staff believing the Trust is an equal opportunities employer whilst embedding inclusion throughout.</p> <p>Promote Employee Self Service</p>
2	Relative likelihood of BME staff being recruited from	Greater than 2.92	Greater than 0.48	Of all the indicators this is of greatest concern. There are two main reasons:	Deep dive by reviewing recording systems from advertise to appointment to

	shortlisting compared to that of white staff being recruited from shortlisting across all posts.				<ul style="list-style-type: none"> The data from ESR and NHS Jobs is inconsistent, therefore not very unreliable Our manual records show the Trust had 297 new starters in 2016/17. Nevertheless the trend does appear to illustrate that BME applicants are less likely to be appointed than their white counterparts. 	<p>ensure accurate data is being captured</p> <p>Deliver more Unconscious Bias training</p> <p>Deep dive to find out why people from BME backgrounds are not applying for vacancies in the NHS; particularly in clinical non-medical roles</p>
3	Relative likelihood of BME staff entering the formal disciplinary process, compared to that of white staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation ¹	0.00	0.48		An improvement from the previous 2 years.	Integrate difference training into the High Performing Leaders Programme to build confidence in manager so they feel able to deal with BME colleagues in the same way as white colleagues.
4	Relative likelihood of BME staff accessing non-mandatory training and CPD, compared with White staff.	2016/7 1.17 times greater	2015/6 1.11 times greater			Deep dive to establish if any applications made by BME staff were rejected and why.
5	KF 25. What percentage of staff experiencing harassment, bullying or	White 2017 34%	BME 2017 26%	White 2016 36%	BME 2016 29%	<p>Slight reduction in the likelihood of BME staff experiencing bullying or abuse from patients or the public in the last 12 months.</p> <p>Establish Anti-bullying Advocates.</p> <p>Anti-bullying Advocates to</p>

¹ This indicator is based on data from a two year rolling average of the current year and the previous year

	abuse from patients, relatives or the public in last 12 months?						be representative of the workforce. Compare staff survey responses with reported incidences (formal and informal) of bullying and harassment
6	KF 19. What percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 2017 30%	BME 2017 33%	White 2016 26%	BME 2016 27%	There is an increase in staff, BME and white employees, reporting being bullied, harassed or abused by a colleague in the last 12 months.	Review the Bullying and Harassment Policy Raise awareness of bullying and harassment, focusing on what staff should do if they witness such behaviour Establish monitoring arrangements
7	KF 21. What percentage of staff believes the trust provides equal opportunities for career progression or promotion?	White 2017 86%	BME 2017 66%	White 2016 82%	BME 2016 76%	BME staff feel the Trust does not provide equal opportunities for career progression or promotion. The is borne out by the data of the number of BME staff in pay bands above 6.	Consider career development and coaching for BME staff.
8	Q17b. In the last 12 months have you personally experienced discrimination at work from any of a colleague or manager/team	White 2017 7%	BME 2017 14%	White 2016 8%	BME 2016 16%	A greater number of BME staff feel they have been subjected to a form of discrimination by their manager or a colleague.	Mandatory question to be incorporated into Appraisal documentation for all non-medical staff

	leader?						
9	What is the percentage difference between the organisation's Board voting membership and its overall workforce.	White 2017 11	BME 2017 0	White 2016 11	BME 2016 0	The Board is under-representative of our workforce and the population of the isle of Wight	Senior executives must take responsibility for this target by considering positive action for the next Board level appointment Taking into account the lack of diversity at senior levels (VSM and Band 9's) when considering appointment of new executive and non-executive board members.

4. Action Plan for 2017/18

Indicator	Action Planned	Responsible for action	Completion Date
<p>1. Percentage of staff in each of the A4C Bands 1 to 9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce.</p> <p>The organisation should undertake this calculation separately for non-clinical and clinical staff</p>	<ul style="list-style-type: none"> Promote ESR Employee Self-Service to encourage all staff to update their personal information. Review Diversity and Inclusion e-learning training. Establish Face to Face training programme including Unconscious Bias training Promote diversity through a range of cultural celebrations events 	Workforce Information Team	31 st March 2018
		Equalitie Lead	31 st January 2018
		Equalitie Lead	30 th April 2018
		Catering Manager and Equalities Lead	On-going
<p>2. Relative likelihood of BME staff being recruited from shortlisting compared to that of white staff being recruited from shortlisting across all posts.</p>	<ul style="list-style-type: none"> Undertake a deep dive by reviewing recording systems from advertise to appointment to ensure accurate data is being captured Take shared learning from the Trust's involvement in the Ambulance Service Diversity Network to find out why people from BME backgrounds are not applying for vacancies in the NHS; particularly in clinical non-medical roles Undertake spot checks/audits of vacancies, analysis of banding 	Resourcing Manager and Workforce Information Team	31 st March 2018
		Equalities Lead	On-going
		Resourcing Manager and Equalitie Lead	31 st July 2018
<p>3. Relative likelihood of BME staff entering the formal disciplinary process, compared to that of white staff entering the formal disciplinary process, as</p>	<ul style="list-style-type: none"> Integrate difference training into the High Performing Leaders Programme to build confidence in manager so they feel able to deal with BME colleagues in the same way as white colleagues. Establish Face to Face training programme including 	Equalities Lead	31 st March 2018
		Equalities Lead	30 th April 2018

measured by entry into a formal disciplinary investigation	Unconscious Bias training		
4. Relative likelihood of BME staff accessing non-mandatory training and CPD, compared with White staff.	<ul style="list-style-type: none"> Undertake a Deep Dive of systems and processes to provide assurance that all data is being captured, including reasons for refusal 	Development and Training Team with Clinical Business Units	31 st March 2018
5. What percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months?	<ul style="list-style-type: none"> Establish Anti-bullying Advocates. Anti-bullying Advocates to be representative of the workforce. Compare staff survey responses with reported incidences (formal and informal) of bullying and harassment 	Leadership Team Leadership Team Leadership Team and HR Employee Relations Team	31 st January 2018 1 st April 2018 31 st March 2018
6. What percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	<ul style="list-style-type: none"> Review the Bullying and Harassment Policy Raise awareness of bullying and harassment, focusing on what staff should do if they witness such behaviour Establish monitoring arrangements 	Senior HR Manager Leadership Team with Executive support Leadership Team and Equalities Lead	1 st October 2017 On-going 1 st December 2017
7. What percentage of staff believes the trust provides equal opportunities for career progression or promotion?	<ul style="list-style-type: none"> Consider career development and coaching for BME staff. 	All senior managers	31 st March 2018
8. In the last 12 months have you personally experienced discrimination at work from any of a colleague or manager/team leader?	<ul style="list-style-type: none"> Mandatory question to be incorporated into Appraisal documentation for all non-medical staff Continue employee engagement activities so that views are sought out; staff are listened to and see that their opinions count and make a difference to Safe 	Development and Training Team Behaviours Focus Group and Executive Team	1 st December 2017 On-going

	Personal Effective care.		
9. What is the percentage difference between the organisation's Board voting membership and its overall workforce.	<ul style="list-style-type: none"> • Senior executives must take accountability for this target by considering positive action for the next Board level appointment • Taking into account the lack of diversity at senior levels (VSM and Band 9's) when considering appointment of new executive and non-executive board members 	Trust Board Executive Team and Senior Managers	30 th April 2018

Appendix 1

Workforce Data Analysis by Ethnic Group – Non-Clinical Staff

	As at 31 03 2016					As at 31 03 2017				
	White	BME	Total	White %	BME %	White	BME	Total	White %	BME %
Band 1	102	1	103	10.48	0.10	102	12	114	11.33	1.33
Band 2	199	3	202	20.45	0.31	179	1	180	19.89	0.11
Band 3	207	1	208	21.27	0.10	199	2	201	22.11	0.22
Band 4	174	3	177	17.88	0.31	165	4	169	18.33	0.44
Band 5	74	1	75	7.61	0.10	69	1	70	7.67	0.11
Band 6	54	0	54	5.55	0.00	59	0	59	6.56	0.00
Band 7	34	0	34	3.49	0.00	40	0	40	4.44	0.00
Band 8a	22	0	22	2.26	0.00	23	0	23	2.56	0.00
Band 8b	15	0	15	1.54	0.00	12	0	12	1.33	0.00
Band 8c	3	1	4	0.31	0.10	6	0	6	0.67	0.00
Band 8d	8	0	8	0.82	0.00	10	1	11	1.11	0.11
Band 9	1	0	1	0.10	0.00	1	0	1	0.11	0.00
Trust Board	3	0	3	0.31	0.00	3	0	3	0.33	0.00
Not stated			67					11		
Totals			973					900		

Appendix 1

Workforce Data Analysis by Ethnic Group – Clinical Staff

	As at 31 03 2016					As at 31 03 2017				
	White	BME	Total	White %	BME %	White	BME	Total	White %	BME %
Band 1	7	0	7	0.26	0	2	0	2	0.08	0.00
Band 2	523	34	557	19.33	1.26	458	32	490	17.41	1.22
Band 3	229	26	255	8.46	0.96	239	6	245	9.08	0.23
Band 4	95	1	96	3.51	0.04	107	2	109	4.07	0.08
Band 5	481	90	571	17.78	3.33	425	110	535	16.15	4.18
Band 6	462	20	482	17.07	0.74	494	16	510	18.78	0.61
Band 7	206	7	213	7.61	0.26	209	8	217	7.94	0.30
Band 8a	65	1	66	2.40	0.04	62	0	62	2.36	0.00
Band 8b	15	0	15	0.55	0.00	17	0	17	0.65	0.00
Band 8c	11	0	11	0.41	0.00	9	0	9	0.34	0.00
Band 8d	1	0	1	0.04	0.00	2	0	2	0.08	0.00
Band 9	0	0	0	0.00	0.00	0	0	0	0.00	0.00
Trust Board	7	0	7	0.26	0.00	5	0	5	0.19	0.00
Consultants	77	17	94	2.85	0.63	77	18	95	2.93	0.68
Non-Consultants	35	22	57	1.29	0.81	50	18	68	1.90	0.68
Trainees	45	32	77	1.66	1.18	56	35	91	2.13	1.33
Not stated			197					174		
Totals			2706					2631		

